



STATE OF ARIZONA
DEPARTMENT OF REAL ESTATE

2910 N 44th St, Ste 140
Phoenix, AZ 85018
(602) 468-1414
FAX (602) 955-6284

400 W Congress, Ste 523
Tucson, AZ 85701
(520) 628-6940
FAX (520) 628-6941

**LICENSEE'S PERSONAL INFORMATION FORM
(Form LI-235)**

Persons with disabilities who need this document in an alternative format should contact Business Services At 602.468.1414, ext. 101, or IADA@re.state.az.us.

Effective April 4, 1997, A.R.S. § 32-3801 grants confidentiality to "A professional's residential address and residential telephone number" in Arizona Department of Real Estate ("Department") records unless that address and telephone number are the only address number of record. A.A.C. R4-28-303 requires licensees to provide written notice to the Department within 10 days of the change.

FOR DEPARTMENT USE ONLY

Effective Date _____

Date Entered _____ By _____
TF 1 _____ TF 2 _____

☐ **\$10 fee** to request the Department to change residential address, or residential mailing address, effective October 5, 2005. A licensee may update residence address and telephone number on-line without charge. A.R.S. § 32-2132 (A)(10).

☐ **\$10 fee and proof** of legal name change required for Legal Name Change. Submit with current license and this form within 10 days of the change. If changing both name and address at same time, may submit one change fee. A.R.S. § 32-2132 (A)(10)

Provide your physical residence address and telephone number in the spaces provided. If your license is on "active" status, the Department will not disclose this information to anyone other than an authorized government agency. If your license is on "inactive" status, the Department must disclose your residence address (or residential mailing address, if one is provided) and telephone number to anyone requesting it during a personal visit to the Department's offices or in writing.

PRINT Legal Name: _____

License Number: _____ Expiration Mo/Yr: _____

PRINT Prior Legal Name (if name change): _____

Current (Physical) Residence Address (if address change): _____

City/State/ZIP Code: _____

Residential Mailing Address (if different): _____

City/State/ZIP Code: _____

Telephone Number: _____ Email Address (optional): _____

Social Security Number(: _____ Date of Birth: _____

I DECLARE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Signature of Licensee: _____ Date: _____

DOCUMENTS ARE CONSIDERED FILED ON THE DATE RECEIVED BY THE DEPARTMENT, PURSUANT TO R4-28-102 (A).

*You must provide the Department of Real Estate with your Social Security number, however the number will not be disclosed to anyone except as provided by law. A.R.S. § 25-502(K) states, in part: "Each licensing board or agency that issues professional, recreational or occupational licenses or certificates shall record on the application the social security number of the applicant and shall enter this information in its database in order to aid the department of economic security in locating parents or their assets or to enforce child support orders."